

# Medical Marijuana Registry

4300 Cherry Creek Drive South, Denver, CO 80246-1530 • 303-692-2184 **E-mail:** medical.marijuana@state.co.us • **Website:** www.cdphe.state.co.us/hs/medicalmarijuana



# **Change of Patient Records**

# **Instructions:**

- 1. Complete all required sections of the form neatly and accurately.
- 2. Do not submit this form unless you have an active Registration Card.
- 3. There are no fees to file this form.
- 4. **Do not write-over, cross-out, or use white-out on this form, or it will be voided**. If you make a mistake on the form, please complete a new one.
- 5. After completing the form, you must sign and date it in front of a notary and have it notarized.
- 6. **Include a copy of your valid ID.** The chart below lists the documents the Registry accepts:

### PROOF OF IDENTITY

# The Registry requires a verifiable ID for all forms. Please submit one of the following IDs with your form:

- Colorado Driver's License
- Colorado ID
- Temporary Colorado Driver's License
- Temporary Colorado ID

- Out-of-state Driver's License
- Out-of-state ID
- U.S. Passport or passport card
- Military ID (copy of front and back)
- Tribal ID

# If you do not have the above documents, please contact the Registry at 303-692-2184 (ext. 3) to discuss other options.

- i. All documents must be currently valid when received at the Registry.
- ii. Damaged, expired, or tampered IDs are not valid.
- iii. Passports must include full photo page and signature page. Passport cards must include copy of front and back.
- iv. The address on the ID does not have to match the mailing address on the form.
- v. All IDs must be verifiable and have specific issue and expiration dates.
- vi. The ID must show the patient's date of birth.
- 7. You may only change your caregiver or medical marijuana center one time per month. Additional submissions in one calendar month are rejected.
- 8. Patient social security numbers are used to confirm identity and protect confidentiality.
- 9. Incomplete forms will be rejected. A form is considered complete when:
  - a. The form is completed, signed and notarized.
  - b. A copy of the patient's ID is included.
  - c. A copy of the caregiver's ID and form #MMR1012 Caregiver Acknowledgment are included, if the form has caregiver information.
- 10. Forms must be sent separately, one form per envelope.
- 11. Make a copy of all your paperwork for your files.
- 12. Unless a fee is required, DO NOT send money to the Registry. All monies received at the Registry are nonrefundable.
- 13. You must submit paperwork within ten (10) days of the date you have it notarized.
- 14. The Registry does not print new cards for changes of address, medical marijuana center or caregiver (unless the patient is homebound or under the age of 18).
- 15. **Power of Attorney (POA) or Medical Power of Attorney (MPOA) Rights** If patient care has been legally assigned to another person, a copy of the notarized Power of Attorney or Medical Power of Attorney must be included with the application. A Medical Power of Attorney is required for an individual to consult with the Registry regarding the patients' records and care. A copy of the care provider's ID is also required.
- 16. **Please allow 4 weeks** from the date the Registry receives your paperwork for processing. If your form is rejected or a new card is required, you should receive a letter or card within 4 weeks. Your paperwork or card will be mailed to the address on your paperwork. Cards are not valid outside of Colorado, thus the Registry does not mail cards out of state.
- 17. Submit paperwork by mail or deliver to the Registry's drop-box. The Registry does not accept forms by fax or e-mail.

## Mail to:

#### **Change Request**

Colorado Dept. of Public Health & Environment HSV-8608 4300 Cherry Creek Drive South Denver, CO 80246-1530

#### **Drop-Box:**

Colorado Dept. of Public Health & Environment 710 S. Ash Street, South East Entrance Open: Monday-Friday, 7:00 a.m. to 6:00 p.m.

The drop box is on the wall inside the first set of glass doors. Your paperwork must be in a sealed envelope. You will not receive a receipt. If you wish to have a receipt, please mail in your

paperwork by certified mail.

For more information, visit our website www.cdphe.state.co.us/hs/medicalmarijuana or call 303-692-2184.



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STAFF ONLY	Change of Patient Records  See instructions on page 1. Proof of identification required with all forms.									
	1. Social Security Number (optional)  Section A: Patient Information (Required)  The name on the form must match the legal name on your ID.									
	2. Last Name			3.	3. First Name				4. Middle Initial	
Evaluated	5a. Mailing Address				5b. Apartment/Suite #			6. City		
	State 7. Zip Code CO		8. County	8. County		9. Date of Birth		10. Telephone Number		
Data Entry	11. E-mail Add	ess (optional)*	:							
		* By providing your e-mail address, you agree to receive communication from the Registry by e-mail								
	Change Request: Please mark all changes that apply. For each option selected, complete all blanks.  12. Change my contact information. The above address and contact information is new.									
Card Printed		•								
Corrections:	Old Name  a. Last Name			a copy of the	of the certified, official document that pro b. First Name			hat proves	c. Middle Initial	
	New Name	d. Last Name e. First Name			f. Middle Initial					
	Support Documentation			ed a copy of the following certified document to Certificate Divorce Decree Dother court do						
	<ul> <li>14. Caregiver as "Self." Please remove the medical marijuana center and/or caregiver from my records.</li> <li>15. Change my Medical Marijuana Center (MMC). Please complete information based on the retail name of the business (dba name) rather than the corporate or LLC name.</li> <li>Only homebound patients, or patients under age 18, may list both a caregiver and a MMC.</li> </ul>									
	Medical	a. Name of l	e of Medical Marijuana Center			b. Dept. of Revenue Lice		License #	icense #	
	Marijuana Center	c. Mailing Address of the Medical Ma						d. Apartment/Suite #		
	Information	e. City	T. 1		State CO	f. Zip Co		( )	hone Number	
	16. Change of caregiver. To designate a primary caregiver, form #1012 Caregiver Acknowledgment must be submitted with this change request. Only homebound patients, or patients under age 18, may list both a caregiver and a medical marijuana center. Caregiver's ID must be included with form.									
	Caregiver Information	a. Caregiver'			giver's Firs		G ( ) THE TO		Date of Birth	
	17. Patient's S		ereby certify that	the above in	nformatio	n is correct a			d: (mm/dd/yyyy)	
	The signature	and proof of	identity of the ab	ove individ	ual was si	ubscribed an	d sworn	to before n	ne in	
	County, Colorado or (County name)			o on this	his day of, 20					
	(Notary's offic	ial signature)								
	(Commission expiration date)			<del></del>						
								A	AFFIX NOTARY SEAL	